Exercise 9 – Baylor Intake and Interview Sheet, page 1 of 3

Form **13614-C** (Rev. 9- 2010) | Department of the Treasury – Internal Revenue Service | OMB # 1545-1964

Intake/Interview & Quality Review Sheet

Section A. Page 1 and Page 2 to be completed by Taxpayer
Thank you for allowing us to prepare your tax return. It is very important for you to provide the information on this form to help our certified volunteer preparer in completing your return. **If you have any questions, please ask.**

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as drivers license or other picture ID).

Part I. Your Personal Information

1. Your First Name: Ben | M. I.: A. | Last Name: Baylor | Are you a U.S. Citizen? ☒ Yes ☐ No
2. Spouse's First Name: Pat | M. I.: N. | Last Name: Harper | Is spouse a U.S. Citizen? ☒ Yes ☐ No
3. Mailing Address: 30911 Lost Meadow | Apt# | City: Your City | State: YS | Zip Code: Your Zip Code
4. Phone — Primary: (713) 235-XXXX Other: | E-mail
5. Your Date of Birth: 03/12/1934
6. Your Occupation: Retired
7. Are you Legally Blind ☐ Yes ☒ No
8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth: 10/30/1936
10. Spouse's Occupation: Deceased
11. Is Spouse Legally Blind ☐ Yes ☒ No
12. Totally and Permanently Disabled ☐ Yes ☒ No
13. Can your parents or someone else claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Family and Dependent Information

1. As of December 31, 2010, your marital status was:
   - ☐ Single
   - ☐ Married: Did you live with your spouse during any part of the last six months of 2010? ☐ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ____________
   - ☒ Widowed: Year of spouse's death: 06/21/2010

2. List the name of everyone below who lived in your home and outside your home that you supported during 2010.
   If additional space is needed please check here and use page 4 for additional information. ☐

Name (first, last) Do not enter your name or Spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. son, mother, sister) (c)	Number of months lived in your home (d)	US Citizen or resident of the US, Canada or Mexico (yes/no) (e)	Single as of 12/31/10 (yes/no) (f)	Full-time student (yes/no) (g)	Received more than $3650 in income (yes/no) (h)
Madison Chambers	04/05/1994	Grandchild	8	Yes	Yes	Yes	No

- Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.
- To report any concerns to IRS on site operating issues please call **Toll Free 1-877-330-1205 or email us at WI.Voltax@irs.gov.**

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Section A. To be completed by Taxpayer (continued)

Part III. Income – In 2010, did you (or your spouse) receive: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Wages or Salary? (Form(s) W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID)
☐	☒	☐	5. Refund of state/local income taxes previously used as a deduction on 1040 Sch A? (Form(s) 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment Income/Loss (such as earnings from contract labor, small business)? (Form(s) 1099-MISC)
☐	☒	☐	8. Income (gain or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Form(s) 1099-B)
☐	☒	☐	9. Disability Income (such as payments from SSA, VA, insurance, etc)? (Forms 1099-R, W-2)
☒	☐	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form(s) 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form(s) 1099-G)
☒	☐	☐	12. Social Security or Railroad Retirement Benefits? (Form(s) SSA-1099)
☐	☒	☐	13. Income (profit or loss) from Rental Property?
☒	☐	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: Gaming Winnings (W2G) (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2010 Did you (or your spouse) pay: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☐ Other
☐	☒	☐	3. Educational expenses paid for yourself, spouse or dependents? (such as tuition, books, fees, etc.)
☐	☒	☐	4. Unreimbursed employee business expenses (such as mileage)?
☒	☐	☐	5. Medical expenses?
☒	☐	☐	6. Home mortgage interest?
☒	☐	☐	7. Real estate taxes for your home or personal property taxes?
☒	☐	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses that allowed you and your spouse, to work or to look for work?

Part V. Life Events – In 2010 Did you (or your spouse): (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)
☐	☒	☐	3. Buy a home? If yes, closing date ____________
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ________
☐	☒	☐	5. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ______________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in previous years?
☐	☒	☐	8. Pay any student loan interest?
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2010 tax? If so how much? ______________
☐	☒	☐	10. If you are due a refund, would you like a direct deposit or split your refund?
☐	☒	☐	11. If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?
☐	☒	☐	12. If you have a balance due, would you like information about all of your payment options? (such as payment directly from your bank account, check, money order, credit/debit card or payment plan)

Catalog Number 52121E Form **13614-C** (Rev. 9-2010)

TAXPAYER STOP HERE!

Thank you for completing this form.

Section B. To be Completed by Certified Volunteer Only

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1 & 2 is complete. Any question marked "Unsure" must be discussed with the taxpayer and changed to "Yes" or "No".

Must be completed ONLY if persons are listed in Part II, Question 2.

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? If yes, which ones:

____
____
____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? If yes, which ones:

____
____
____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than half of their own support? If yes, which ones:

____
____
____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer provide more than half the support for each of the persons in Part II, Question 2? If no, which ones:

____
____
____

☐ Yes ☐ No 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? If yes, which ones:

____
____
____

Reminder

Use Publication 17, *Your Federal Income Tax For Individuals* and Publication 4012, *Volunteer Resource Guide* in making tax law determinations.

Section C. To be completed by a Certified Quality Reviewer

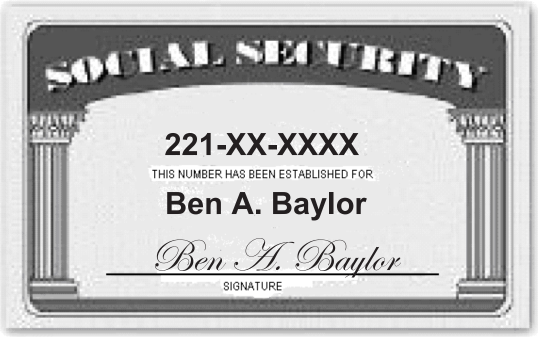
After reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer, check the final item.

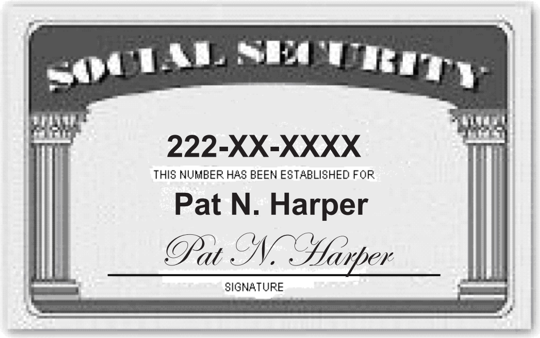
1. **Section A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone number** was verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **income** shown on source documents and noted in Sections A, part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All **credits** are correctly reported.
10. Withholding shown on **Forms W-2,1099** and **Estimated Tax Payments** are correctly reported.
11. If **direct deposit** or **debit** was elected, checking/saving account and routing information match the supporting documents.
12. Correct SIDN is shown on the return.

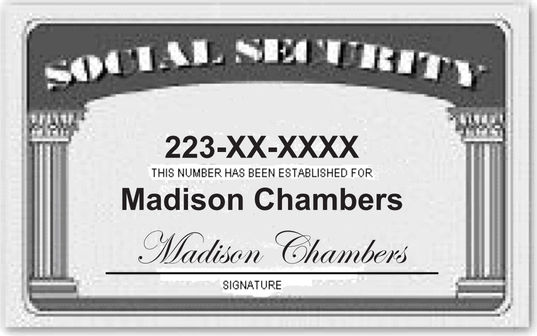
☐ **All Quality Review Issues above have been addressed and necessary changes have been made.**

Catalog Number 52121E

Form **13614-C** (Rev. 9-2010)


SOCIAL SECURITY
221-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Ben A. Baylor
Ben A. Baylor
SIGNATURE


SOCIAL SECURITY
222-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Pat N. Harper
Pat N. Harper
SIGNATURE


SOCIAL SECURITY
223-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Madison Chambers
Madison Chambers
SIGNATURE

Interview Notes – Baylor

- Ben is retired and Pat was a housewife prior to her death.
- Ben does not wish to contribute to the Presidential Election Campaign Fund. He states that he does not wish to indicate a contribution for his spouse either.
- Ben's granddaughter, Madison Chambers, moved in with them in May of last year. He provides all her support. She was born in France where her parents were stationed.
- Ben had high unreimbursed medical expenses, which may allow him to itemize. He brought a list of his Schedule A expenditures. Ben and Pat did not have enough expenses to itemize previously. There is no local sales tax where they live.
- Pat had gambling losses of $2,550.
- Ben Baylor wants a check for any refund and will pay by check if they owe.
- In 2010, the Baylors did not receive an Economic Recovery Payment.
- **If using 2009 software, use 2009 tax law.** Ben and Pat each received an Economic Recovery Payment from Social Security in 2009. Check "Yes" on line 10 of Schedule M and enter $500. Check "No", on line 11.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C or Form 8158, *Quality Review Sheet*, prior to obtaining the taxpayer's signature.

Ben’s list of Schedule A expenses:

Doctor bills	$4,723
Hospital bills	$5,168
Medical mileage	93 miles per month (1,116 total miles)
Prescription drugs	$1,756
Prescription eyeglasses	$210
Church donations (statement from church)	$850
Church raffle ticket (didn’t win)	$25
Public Broadcasting System (receipt from PBS)	$201
Salvation Army (Receipt for FMV for used clothes in good condition)	$350
Funeral expenses	$6,875
Home mortgage interest (from Form 1098)	$2,164
County real estate tax (from tax statement)	$378
City real estate tax (from tax statement)	$120
Personal property tax (based on vehicle value)	$623
Gambling losses	$2,550

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. The Lone Star Fund 10005 Gesner, Suite 587 Houston, TX 77079	1a Total ordinary dividends $ 1,565.00 1b Qualified dividends $ 875.00	OMB No. 1545-0110 2010 Form 1099-DIV	**Dividends and Distributions**
	2a Total capital gain distr. $ 737.00	2b Unrecap. Sec. 1250 gain $	**Copy B** **For Recipient**
PAYER'S federal identification number 22-1XXXXXX — RECIPIENT'S identification number 221-XX-XXXX	2c Section 1202 gain $	2d Collectibles (28%) gain $	
RECIPIENT'S name Ben A. Baylor	3 Nondividend distributions $	4 Federal income tax withheld $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 30911 Lost Meadow		5 Investment expenses $	
	6 Foreign tax paid $	7 Foreign country or U.S. possession	
City, state, and ZIP code Your City, State, and ZIP Code	8 Cash liquidation distributions $	9 Noncash liquidation distributions $	
Account number (see instructions)			

Form **1099-DIV** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code **Defense Finance & Accounting SVC** **US Military Retirement Pay** **P.O.Box 7139** **Indianapolis, IN 46249**	1 Gross distribution $ **23,919.00** 2a Taxable amount $ **23,919.00**	OMB No. 1545-0119 2010 Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☐	Total distribution ☐	**Copy B** **Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
PAYER'S federal identification number **22-7xxxxxx** — RECIPIENT'S identification number **221-xx-xxxx**	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ **1,580.00**	
RECIPIENT'S name **BEN A. BAYLOR** **30911 Lost Meadow** **Your City, State and ZIP Code**	5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
	7 Distribution code(s) **7** — IRA/ SEP/ SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
	9a Your percentage of total distribution %	9b Total employee contributions $	
1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no. **YS 22-7XXXXXX**	12 State distribution $ **23,919.00** $
Account number (see instructions)	13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Harris Trust P.O. Box 1389 Indianapolis, IN 46204		1 Gross distribution $ 13,223.00 2a Taxable amount $ 13,223.00	OMB No. 1545-0119 2010 Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
		2b Taxable amount not determined ☒	Total distribution ☐	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
PAYER'S federal identification number 22-2XXXXXX	RECIPIENT'S identification number 221-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Ben A. Baylor		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 30911 Lost Meadow		7 Distribution code(s) 7 / IRA/SEP/SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, State, and ZIP Code		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no. 22-2XXXXXX	12 State distribution $ 13,223.00 $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2010
- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name **BEN A. BAYLOR**	Box 2. Beneficiary's Social Security Number **221-XX-XXXX**	
Box 3. Benefits Paid in 2010 **$12,108.00**	Box 4. Benefits Repaid to SSA in 2010 $0.00	Box 5. Net Benefits for 2010 *(Box 3 minus Box 4)* **$12,108.00**

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit:

$10,225.20

Medicare Part B premiums deducted from your benefits: $1,156.80

Medicare Prescription Drug premiums (Part D) deducted from your benefits: $426.00

Total Additions: $12,108.00

Benefits for 2010: $12,108.00

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

$300.00

Box 7. Address

Ben A. Baylor
30911 Lost Meadow
Your City, State and ZIP Code

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form **SSA-1099-SM** (1-2010) **DO NOT RETURN THIS FORM TO SSA OR IRS**

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2010
- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
PAT N. HARPER	222-XX-XXXX

Box 3. Benefits Paid in 2010	Box 4. Benefits Repaid to SSA in 2010	Box 5. Net Benefits for 2010 *(Box 3 minus Box 4)*
$3,960.00	$0.00	$3,960.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit:

$3,081.60

Medicare Part B premiums deducted from your benefits: $578.40

Medicare Prescription Drug premiums (Part D) deducted from your benefits:

Total Additions: $3,960.00

Benefits for 2010: $3,960.00

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

$300.00

Box 7. Address

Pat N. Harper
30911 Lost Meadow
Your City, State and ZIP Code

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form **SSA-1099-SM** (1-2010)

DO NOT RETURN THIS FORM TO SSA OR IRS

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, federal identification number, and telephone number

CASINO REALE
14011 Gamblers Way Road
Charlestown, IN 47111

22-3xxxxxx (866) 555-xxxx

1 Gross winnings: **$1,200.00**	2 Federal income tax withheld: **$200.00**
3 Type of wager: **25 Slots**	4 Date won: **01/15/2010**
5 Transaction	6 Race
7 Winnings from identical wagers	8 Cashier: **2718**
9 Winner's taxpayer identification no.: **222-xx-xxxx**	10 Window
11 First I.D.	12 Second I.D.
13 State/Payer's state identification no.: **YS 22-3xxxxxx**	14 State income tax withheld: **$120.00**

OMB No. 1545-0238

2010

Form W-2G

Certain Gambling Winnings

WINNER'S name, address (including apt. no.), and ZIP code

Pat N. Harper
30911 Lost Meadow
Your City, State and ZIP Code

This information is being furnished to the Internal Revenue Service.

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ▶ *Pat N. Harper* Date ▶ **1/15/10**

Form **W-2G** Department of the Treasury - Internal Revenue Service

Form **13614-C** (Rev. 9- 2010)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. Page 1 and Page 2 to be completed by Taxpayer
Thank you for allowing us to prepare your tax return. It is very important for you to provide the information on this form to help our certified volunteer preparer in completing your return. **If you have any questions, please ask.**

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as drivers license or other picture ID).

Part I. Your Personal Information

1. Your First Name: Paul | M. I.: D. | Last Name: Austin | Are you a U.S. Citizen? ☒ Yes ☐ No
2. Spouse's First Name | M. I. | Last Name | Is spouse a U.S. Citizen? ☐ Yes ☐ No
3. Mailing Address: 128 Lone Oak Rd. | Apt# | City: Your City | State: YS | Zip Code: Your Zip Code
4. Phone — Primary: (602) 555-XXXX | Other: | E-mail
5. Your Date of Birth: 02/14/1939
6. Your Occupation: Machinist
7. Are you Legally Blind ☐ Yes ☒ No
8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth
10. Spouse's Occupation
11. Is Spouse Legally Blind ☐ Yes ☐ No
12. Totally and Permanently Disabled ☐ Yes ☐ No
13. Can your parents or someone else claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Family and Dependent Information

1. As of December 31, 2010, your marital status was:
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2010? ☐ Yes ☒ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ___________________
   - ☐ Widowed: Year of spouse's death: __________

2. List the name of everyone below who lived in your home and outside your home that you supported during 2010.
   If additional space is needed please check here and use page 4 for additional information. ☐

Name (first, last) Do not enter your name or Spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. son, mother, sister) (c)	Number of months lived in your home (d)	US Citizen or resident of the US, Canada or Mexico (yes/no) (e)	Single as of 12/31/10 (yes/no) (f)	Full-time student (yes/no) (g)	Received more than $3650 in income (yes/no) (h)

- Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.
- To report any concerns to IRS on site operating issues please call **Toll Free 1-877-330-1205 or email us at WI.Voltax@irs.gov.**

Catalog Number 52121E Form **13614-C** (Rev. 9-2010)

Section A. To be completed by Taxpayer (continued)

Part III. Income – In 2010, did you (or your spouse) receive: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form(s) W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID)
☒	☐	☐	5. Refund of state/local income taxes previously used as a deduction on 1040 Sch A? (Form(s) 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment Income/Loss (such as earnings from contract labor, small business)? (Form(s) 1099-MISC)
☐	☒	☐	8. Income (gain or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Form(s) 1099-B)
☐	☒	☐	9. Disability Income (such as payments from SSA, VA, insurance, etc)? (Forms 1099-R, W-2)
☒	☐	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form(s) 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form(s) 1099-G)
☒	☐	☐	12. Social Security or Railroad Retirement Benefits? (Form(s) SSA-1099)
☐	☒	☐	13. Income (profit or loss) from Rental Property?
☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2010 Did you (or your spouse) pay: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☐ Other
☐	☒	☐	3. Educational expenses paid for yourself, spouse or dependents? (such as tuition, books, fees, etc.)
☐	☒	☐	4. Unreimbursed employee business expenses (such as mileage)?
☐	☒	☐	5. Medical expenses?
☒	☐	☐	6. Home mortgage interest?
☒	☐	☐	7. Real estate taxes for your home or personal property taxes?
☒	☐	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses that allowed you and your spouse, to work or to look for work?

Part V. Life Events – In 2010 Did you (or your spouse): (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)
☒	☐	☐	3. Buy a home? If yes, closing date 04/18/2010
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☐	☒	☐	5. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in previous years?
☐	☒	☐	8. Pay any student loan interest?
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2010 tax? If so how much? ________________________
☒	☐	☐	10. If you are due a refund, would you like a direct deposit or split your refund?
☒	☐	☐	11. If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?
☐	☒	☐	12. If you have a balance due, would you like information about all of your payment options? (such as payment directly from your bank account, check, money order, credit/debit card or payment plan)

Catalog Number 52121E Form **13614-C** (Rev. 9-2010)

TAXPAYER STOP HERE!

Thank you for completing this form.

Section B. To be Completed by Certified Volunteer Only

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1 & 2 is complete. Any question marked "Unsure" must be discussed with the taxpayer and changed to "Yes" or "No".

Must be completed ONLY if persons are listed in Part II, Question 2.

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? If yes, which ones:

____

____

____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? If yes, which ones:

____

____

____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than half of their own support? If yes, which ones:

____

____

____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer provide more than half the support for each of the persons in Part II, Question 2? If no, which ones:

____

____

____

☐ Yes ☐ No 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? If yes, which ones:

____

____

____

Reminder

Use Publication 17, *Your Federal Income Tax For Individuals* and Publication 4012, *Volunteer Resource Guide* in making tax law determinations.

Section C. To be completed by a Certified Quality Reviewer

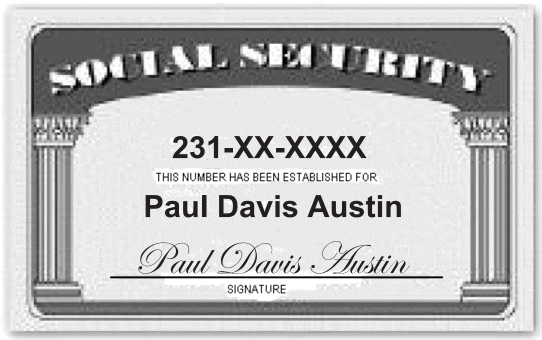
After reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer, check the final item.

1. **Section A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone number** was verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **income** shown on source documents and noted in Sections A, part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All **credits** are correctly reported.
10. Withholding shown on **Forms W-2,1099** and **Estimated Tax Payments** are correctly reported.
11. If **direct deposit** or **debit** was elected, checking/saving account and routing information match the supporting documents.
12. Correct SIDN is shown on the return.

☐ **All Quality Review Issues above have been addressed and necessary changes have been made.**

Catalog Number 52121E

Form **13614-C** (Rev. 9-2010)



Paul D. Austin **1234**

15-000000000

128 Lone Oak Rd.
Your City, State, and ZIP Code

PAY TO THE
ORDER OF ____________________ $

____________________ DOLLARS

Yellow Rose Credit Union
Austin, TX 73301

For

|:062005690 |:00578965542 1234

Interview Notes – Austin

- Paul and Lindsey Austin have been separated since 2005. They have not lived together since the separation, but their divorce is not finalized.
- They have three adult children.
- Lindsey has already filed her tax return, and she itemized her deductions. Her SSN is 232-XX-XXXX.
- Paul itemized deductions last year and received a refund from the state department of revenue for $171. His itemized deductions totaled $13,750, and his taxable income was $8,549. The amount from last year's Schedule A, line 5a (income taxes) was $336 and line 5b (general sales taxes) was $350. The general sales tax provision was used.
- Paul retired from the railroad on June 1, 2004, and now works part-time as a machinist. His annuity does not make provisions for a joint and survivor annuity.
- His church contributions were $1,700 (per statement from church).
- Paul has been renting since he sold his last home December 15, 2005 when he separated from Lindsey. He purchased a new home on April 18, 2010 for $134,000 and has brought his signed closing documents with him.
- Paul did not buy the house from any of his or Lindsey's relatives. If using 2009 software, check the box on line F of Form 5405. Paul incurred the following expenses.

Lawyers' fees	$427.22	
J & L Survey Company	$374.95	
Title insurance	$250.00	
Termite inspection	$300.00	
Reimbursed seller for property taxes paid	$167.33	(value based)
Recording fees	$80.00	
Transfer taxes	$587.56	
Homeowner's insurance	$320.25	

- He paid $125 in personal property taxes (value based). Paul brought his closing statement to the tax site.
- If Paul gets a refund of at least $500 he would like to buy $200 of savings bonds and split the remainder equally between his checking account and next year's tax payment. If Paul owes he wants the payment electronically debited from his checking account.
- Paul does not elect to contribute to the Presidential Election Campaign Fund.
- In 2010, Paul did not receive an Economic Recovery Payment.
- **If using 2009 software, use 2009 tax law.** Paul received an Economic Recovery Payment in 2009. Check "Yes" on line 10 of Schedule M and enter $250. Check "No", on line 11.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C or Form 8158, *Quality Review Sheet*, prior to obtaining the taxpayer's signature.

a Employee's social security number 231-XX-XXXX	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file	Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN) 23-1XXXXXX		**1** Wages, tips, other compensation $22,876.39	**2** Federal income tax withheld $2,617.10
c Employer's name, address, and ZIP code Johnson Precision Tool and Die 612 Capitol Road Austin, TX 73301		**3** Social security wages $22,876.39	**4** Social security tax withheld $1,418.32
		5 Medicare wages and tips $22,876.39	**6** Medicare tax withheld $331.70
		7 Social security tips	**8** Allocated tips
d Control number		**9** Advance EIC payment	**10** Dependent care benefits
e Employee's first name and initial Last name Suff. Paul Austin 128 Lone Oak Rd. Your City, State, and ZIP Code		**11** Nonqualified plans	**12a** See instructions for box 12 Code
		13 Statutory employee [ ] Retirement plan [X] Third-party sick pay [ ]	**12b** Code
		14 Other	**12c** Code
f Employee's address and ZIP code			**12d** Code

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
YS	2-151-2022	$22,876.39	$1,520.69			

Form **W-2 Wage and Tax Statement** 2010

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number		* **Caution:** *The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.*	OMB No. 1545-0901 **2010** Form **1098**	**Mortgage Interest Statement**
Yellow Rose Credit Union 1209 Lamar Avenue Austin, TX 73301				
RECIPIENT'S federal identification no. 23-2XXXXXX	PAYER'S social security number 231-XX-XXXX	**1** Mortgage interest received from payer(s)/borrower(s)* $ 1,559.25		**Copy B** **For Payer/Borrower** The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
PAYER'S/BORROWER'S name Paul Austin		**2** Points paid on purchase of principal residence $ 1,000.00		
Street address (including apt. no.) 128 Lone Oak Rd.		**3** Refund of overpaid interest $		
City, state, and ZIP code Your City, State, and ZIP Code		**4** Mortgage insurance premiums $ 272.86		
Account number (see instructions)		**5** $676.79 real estate taxes		

Form **1098** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		**1a** Total ordinary dividends $ 123.75	OMB No. 1545-0110 **2010** Form **1099-DIV**	**Dividends and Distributions**
Bail Brokerage Services 1300 Texas Avenue Austin, TX 73301		**1b** Qualified dividends $ 123.75		
		2a Total capital gain distr. $ 68.12	**2b** Unrecap. Sec. 1250 gain $	**Copy B** **For Recipient**
PAYER'S federal identification number 23-3XXXXXX	RECIPIENT'S identification number 231-XX-XXXX	**2c** Section 1202 gain $	**2d** Collectibles (28%) gain $	
RECIPIENT'S name Paul Austin		**3** Nondividend distributions $	**4 Federal income tax withheld** $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
			5 Investment expenses $	
Street address (including apt. no.) 128 Lone Oak Rd.		**6** Foreign tax paid $	**7** Foreign country or U.S. possession	
City, state, and ZIP code Your City, State, and ZIP Code		**8** Cash liquidation distributions $	**9** Noncash liquidation distributions $	
Account number (see instructions)				

Form **1099-DIV** (keep for your records) Department of the Treasury - Internal Revenue Service

2010 — PAYMENTS BY THE RAILROAD RETIREMENT BOARD

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE **UNITED STATES RAILROAD RETIREMENT BOARD** 844 N RUSH ST CHICAGO IL 60611-2092	3. Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2009	$7,368.00
PAYER'S FEDERAL IDENTIFYING NO. 15-6XXXXXX		
1. Claim Number and Payee Code	4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2009	
2. Recipient's Identification Number 231-XX-XXXX	5. Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2009	$7,368.00
Recipient's Name, Street Address, City, State, and Zip Code Paul Austin 128 Lone Oak Road Your City, State, and ZIP Code	6. Workers' Compensation Offset in 2009	
	7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2008	
	8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2007	
	9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2006	
	10. Federal Income Tax Withheld $750.00	11. Medicare Premium Total $1,156.80

COPY C -

FOR RECIPIENT'S RECORDS

THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

FORM RRB-1099 **DO NOT ATTACH TO YOUR INCOME TAX RETURN**

Draft as of May 28, 2010 - Subject to Change

2010 — ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD

PAYERS' NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE **UNITED STATES RAILROAD RETIREMENT BOARD** 844 N RUSH ST CHICAGO IL 60611-2092	3. Employee Contributions	$15,397.25
PAYER'S FEDERAL IDENTIFYING NO. 15-6XXXXXX		
1. Claim Number and Payee Code	4. Contributory Amount Paid	$9,397.25
2. Recipient's Identification Number 231-XX-XXXX	5. Vested Dual Benefit	
Recipient's Name, Street Address, City, State, and ZIP Code Paul Austin 128 Lone Oak Road Your City, State, and ZIP Code	6. Supplemental Annuity	
	7. Total Gross Paid	$9,397.25
	8. Repayments	
	9. Federal Income Tax Withheld	$1,561.00
	10. Rate of Tax	

11. Country	12. Medicare Premium Total

COPY B -

REPORT THIS INCOME ON YOUR FEDERAL TAX RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.

THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

FORM RRB-1099-R Draft as of May 28, 2010 - Subject to Change

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Davidson Bank & Trust Co. P.O. Box 848 Raleigh, NC 27611	1 Gross distribution $ 838.00 2a Taxable amount $ 838.00	OMB No. 1545-0119 2010 Form **1099-R**
	2b Taxable amount not determined ☒	Total distribution ☐
PAYER'S federal identification number 23-5XXXXXX · RECIPIENT'S identification number 231-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 83.00
RECIPIENT'S name Paul Austin	5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $
Street address (including apt. no.) 128 Lone Oak Rd.	7 Distribution code(s) 7 · IRA/SEP/SIMPLE ☒	8 Other $ %
City, state, and ZIP code Your City, State, and ZIP Code	9a Your percentage of total distribution %	9b Total employee contributions $
1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.
	12 State distribution $ $	
Account number (see instructions)	13 Local tax withheld $ $	14 Name of locality
	15 Local distribution $ $	

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form **1099-R** Department of the Treasury - Internal Revenue Service

Form **13614-C** (Rev. 9- 2010) | Department of the Treasury – Internal Revenue Service | **OMB # 1545-1964**

Intake/Interview & Quality Review Sheet

Section A. Page 1 and Page 2 to be completed by Taxpayer
Thank you for allowing us to prepare your tax return. It is very important for you to provide the information on this form to help our certified volunteer preparer in completing your return. **If you have any questions, please ask.**

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as drivers license or other picture ID).

Part I. Your Personal Information

1. Your First Name: Anna | M. I.: E | Last Name: Fleming | Are you a U.S. Citizen? ☒ Yes ☐ No
2. Spouse's First Name: | M. I.: | Last Name: | Is spouse a U.S. Citizen? ☐ Yes ☐ No
3. Mailing Address: 365 Wilkes Drive | Apt#: | City: Your City | State: YS | Zip Code: Your Zip Code
4. Phone Primary: (313) 555-XXXX | Other: | E-mail:
5. Your Date of Birth: 09/16/1965
6. Your Occupation: Editor
7. Are you Legally Blind ☐ Yes ☒ No
8. Totally and Permanently Disabled ☒ Yes ☐ No
9. Spouse's Date of Birth:
10. Spouse's Occupation:
11. Is Spouse Legally Blind ☐ Yes ☐ No
12. Totally and Permanently Disabled ☐ Yes ☐ No
13. Can your parents or someone else claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Family and Dependent Information

1. As of December 31, 2010, your marital status was:
   - ☐ Single
   - ☐ Married: Did you live with your spouse during any part of the last six months of 2010? ☐ Yes ☐ No
   - ☒ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: 02/18/2007
   - ☐ Widowed: Year of spouse's death: __________

2. List the name of everyone below who lived in your home and outside your home that you supported during 2010.
If additional space is needed please check here and use page 4 for additional information. ☐

Name (first, last) Do not enter your name or Spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. son, mother, sister) (c)	Number of months lived in your home (d)	US Citizen or resident of the US, Canada or Mexico (yes/no) (e)	Single as of 12/31/10 (yes/no) (f)	Full-time student (yes/no) (g)	Received more than $3650 in income (yes/no) (h)
James Fleming	12/25/2005	Son	12	Yes	Yes	No	No
Grete Fleming	10/16/2004	Daughter	12	Yes	Yes	No	No

- Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.
- To report any concerns to IRS on site operating issues please call **Toll Free 1-877-330-1205 or email us at WI.Voltax@irs.gov.**

Catalog Number 52121E | Form **13614-C** (Rev. 9-2010)

Exercise 11 – Fleming Intake and Interview Sheet, page 2 of 3

Section A. To be completed by Taxpayer (continued)

Part III. Income – In 2010, did you (or your spouse) receive: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form(s) W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID)
☐	☒	☐	5. Refund of state/local income taxes previously used as a deduction on 1040 Sch A? (Form(s) 1099-G)
☒	☐	☐	6. Alimony Income?
☒	☐	☐	7. Self-Employment Income/Loss (such as earnings from contract labor, small business)? (Form(s) 1099-MISC)
☐	☒	☐	8. Income (gain or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Form(s) 1099-B)
☒	☐	☐	9. Disability Income (such as payments from SSA, VA, insurance, etc)? (Forms 1099-R, W-2)
☒	☐	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form(s) 1099-R)
☒	☐	☐	11. Unemployment Compensation? (Form(s) 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form(s) SSA-1099)
☐	☒	☐	13. Income (profit or loss) from Rental Property?
☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2010 Did you (or your spouse) pay: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☐ Other
☒	☐	☐	3. Educational expenses paid for yourself, spouse or dependents? (such as tuition, books, fees, etc.)
☐	☒	☐	4. Unreimbursed employee business expenses (such as mileage)?
☐	☒	☐	5. Medical expenses?
☐	☒	☐	6. Home mortgage interest?
☒	☐	☐	7. Real estate taxes for your home or personal property taxes?
☐	☒	☐	8. Charitable contributions?
☒	☐	☐	9. Child/dependent care expenses that allowed you and your spouse, to work or to look for work?

Part V. Life Events – In 2010 Did you (or your spouse): (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)
☐	☒	☐	3. Buy a home? If yes, closing date __________________
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☐	☒	☐	5. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? _________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in previous years?
☐	☒	☐	8. Pay any student loan interest?
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2010 tax? If so how much? _________________________
☐	☒	☐	10. If you are due a refund, would you like a direct deposit or split your refund?
☐	☒	☐	11. If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?
☐	☒	☐	12. If you have a balance due, would you like information about all of your payment options? (such as payment directly from your bank account, check, money order, credit/debit card or payment plan)

Catalog Number 52121E — Form **13614-C** (Rev. 9-2010)

TAXPAYER STOP HERE!

Thank you for completing this form.

Section B. To be Completed by Certified Volunteer Only

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1 & 2 is complete. Any question marked "Unsure" must be discussed with the taxpayer and changed to "Yes" or "No".

Must be completed ONLY if persons are listed in Part II, Question 2.

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? If yes, which ones:

____

____

____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? If yes, which ones:

____

____

____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than half of their own support? If yes, which ones:

____

____

____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer provide more than half the support for each of the persons in Part II, Question 2? If no, which ones:

____

____

____

☐ Yes ☐ No 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? If yes, which ones:

____

____

____

Reminder

Use Publication 17, *Your Federal Income Tax For Individuals* and Publication 4012, *Volunteer Resource Guide* in making tax law determinations.

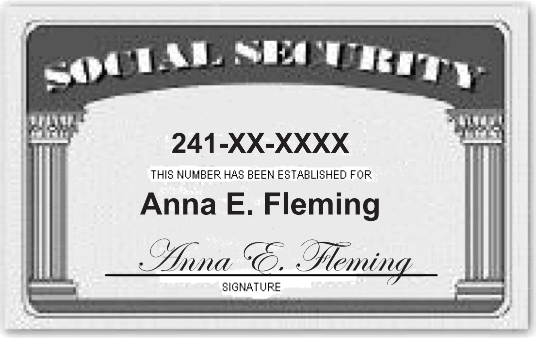
Section C. To be completed by a Certified Quality Reviewer

After reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer, check the final item.

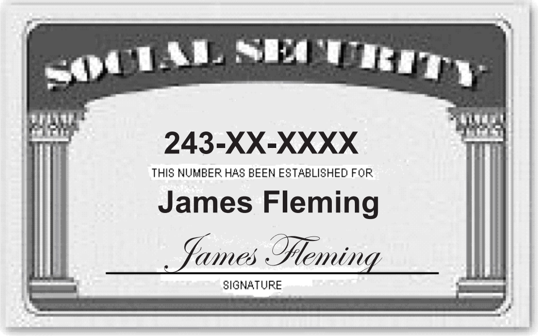
1. **Section A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone number** was verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **income** shown on source documents and noted in Sections A, part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All **credits** are correctly reported.
10. Withholding shown on **Forms W-2,1099** and **Estimated Tax Payments** are correctly reported.
11. If **direct deposit** or **debit** was elected, checking/saving account and routing information match the supporting documents.
12. Correct SIDN is shown on the return.

☐ **All Quality Review Issues above have been addressed and necessary changes have been made.**

Catalog Number 52121E Form **13614-C** (Rev. 9-2010)


SOCIAL SECURITY
241-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Anna E. Fleming
Anna E. Fleming
SIGNATURE


SOCIAL SECURITY
242-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Grete Fleming
Grete Fleming
SIGNATURE


SOCIAL SECURITY
243-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
James Fleming
James Fleming
SIGNATURE

Interview Notes – Fleming

- Anna was employed as an editor. Starting on July 1, 2008, she also did some editing work from her home, for Wright Publishing Co., who provided Form 1099-MISC. She kept a record of her expenses: $2,025 for paper, $1,047.50 for printer cartridges, $1,500 for postage, $350 for a business phone line and long distance calls, and 234 miles for making deliveries. She had 10,000 other miles on her car. Anna has one car which she bought in 2007 and began using for her work when she started working at home. She has a written record of her business mileage. She took a word processing course in the evening at the local college to improve her skills. The tuition was $575. The Business Code for Schedule change to C-EZ or C is 541990.
- Anna is divorced. The divorce decree states that her ex-husband is to claim their son, James, as a dependent on his return even though Anna provides all the support for their children, Grete and James. It also states that he is to pay her $300 per month alimony. Due to the loss of his job during the year, he only paid for 8 months.
- Global Investment Service notified Anna that she received $418.13 in federal- and state-exempt interest income.
- In January, 2010, Anna took an IRA distribution of $5,000 to pay off credit card debt.
- Anna wants $3 to go to the Presidential Election Campaign Fund. She did not itemize deductions last year. She prefers to receive a check if there is a refund and to pay by check if she owes any additional taxes.
- As you are going over Form 13614-C with Anna, she tells you she made a mistake when she wrote her address on the form. Her correct address is 356 Wilkes Drive.
- Anna paid the Salem Day Care Center (EIN 23-7XXXXXX), located at 87 North Casper Drive, Your City, State and ZIP Code, for Grete's and James's care while she was at work. She paid the day-care center $1,793.
- Anna had a serious accident in June, 2010, and stopped working. She collected unemployment compensation but was too young to retire. Anna is now totally and permanently disabled.
- Anna's education expenditures could be a business expense, or a credit. Determine the most advantageous benefit for which she is qualified.
- Anna did not receive an Economic Recovery Payment in 2010.
- **If using 2009 software, use 2009 tax law.** Anna did not receive an Economic Recovery Payment in 2009. Check "No" on line 10 of Schedule M. Check "No", on line 11.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C or Form 8158, *Quality Review Sheet*, prior to obtaining the taxpayer's signature.

a Employee's social security number: 241-XX-XXXX	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file. Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN): 24-1XXXXXX	**1** Wages, tips, other compensation: $14,598.00	**2** Federal income tax withheld: $1,001.65
c Employer's name, address, and ZIP code: Oakwood World-Herald, 1334 Dana Street, Dayton, OH 45402	**3** Social security wages: $14,598.00	**4** Social security tax withheld: $905.08
	5 Medicare wages and tips: $14,598.00	**6** Medicare tax withheld: $211.06
	7 Social security tips	**8** Allocated tips
d Control number	**9** Advance EIC payment: $1,000.00	**10** Dependent care benefits
e Employee's first name and initial / Last name / Suff.: Anna E. Fleming, 356 Wilkes Drive, Your City, State, and ZIP Code	**11** Nonqualified plans	**12a** See instructions for box 12 (Code)
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
f Employee's address and ZIP code		**12d** Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	24-1XXXXXX	$14,598.00	$574.50			

Form **W-2** **Wage and Tax Statement** 2010

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

012-XX-XXXX

	a Employee's social security number 241-XX-XXXX	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file — Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN) 24-2XXXXXX		**1** Wages, tips, other compensation $2,532.00	**2** Federal income tax withheld $328.00
c Employer's name, address, and ZIP code Butler, Inc. 1908 N. Bend Dayton, OH 45404		**3** Social security wages $2,532.00	**4** Social security tax withheld $156.98
		5 Medicare wages and tips $2,532.00	**6** Medicare tax withheld $36.71
		7 Social security tips	**8** Allocated tips
d Control number		**9** Advance EIC payment	**10** Dependent care benefits
e Employee's first name and initial — Last name — Suff. Anna E. Fleming 12 Emory Street Your City, State, and ZIP Code		**11** Nonqualified plans	**12a** See instructions for box 12 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
		14 Other	**12c** Code
f Employee's address and ZIP code			**12d** Code

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
YS	24-2XXXXXX	$2,532.00	$201.00			

Form **W-2** **Wage and Tax Statement** **2010** Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Parks National Bank 102 Overbrook Road Dayton, OH 45402		Payer's RTN (optional) **1** Interest income $ 416.87 **2** Early withdrawal penalty $	OMB No. 1545-0112 **2010** Form **1099-INT**	**Interest Income**
PAYER'S federal identification number 24-3XXXXXX	RECIPIENT'S identification number 241-XX-XXXX	**3** Interest on U.S. Savings Bonds and Treas. obligations $		**Copy B** **For Recipient**
RECIPIENT'S name Anna E. Fleming		**4** Federal income tax withheld $ 38.56	**5** Investment expenses $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 356 Wilkes Drive		**6** Foreign tax paid $	**7** Foreign country or U.S. possession	
City, state, and ZIP code Your City, State, and ZIP Code		**8** Tax-exempt interest $	**9** Specified private activity bond interest $	
Account number (see instructions)		**10** Tax-exempt bond CUSIP no. (see instructions)		

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Northern Financial Services P.O. Box 1011 Fairbanks, AK 99701	1 Gross distribution $ 5,000.00 2a Taxable amount $ 5,000.00	OMB No. 1545-0119 2010 Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☐	Total distribution ☐	**Copy B**
PAYER'S federal identification number: 24-7XXXXXX RECIPIENT'S identification number: 241-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 750.00	**Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
RECIPIENT'S name Anna E. Fleming	5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 356 Wilkes Drive	7 Distribution code(s): 1 IRA/SEP/SIMPLE ☒	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, State, ZIP Code	9a Your percentage of total distribution %	9b Total employee contributions $	
1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ $
Account number (see instructions) 12349876	13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Tri-State Publishers P.O. Box 707 Cincinnati, OH 45202	1 Gross distribution $ 5,400.00 2a Taxable amount $ 5,400.00	OMB No. 1545-0119 2010 Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☐	Total distribution ☐	**Copy B**
PAYER'S federal identification number: 24-6XXXXXX RECIPIENT'S identification number: 241-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	**Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
RECIPIENT'S name Anna E. Fleming	5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 356 Wilkes Drive	7 Distribution code(s): 3 IRA/SEP/SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, State, and ZIP Code	9a Your percentage of total distribution %	9b Total employee contributions $	
1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ $
Account number (see instructions)	13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Wright Publishing P.O. Box 1765 Dayton, OH 45404	1 Rents $ 2 Royalties $ 3 Other income $	OMB No. 1545-0115 2010 Form 1099-MISC 4 Federal income tax withheld $	**Miscellaneous Income** **Copy B** **For Recipient**
PAYER'S federal identification number: 24-4XXXXXX RECIPIENT'S identification number: 241-XX-XXXX	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name Anna E. Fleming	7 Nonemployee compensation $12,875.88	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 356 Wilkes Drive City, state, and ZIP code Your City, State, and ZIP Code	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐ 11	10 Crop insurance proceeds $ 12	
Account number (see instructions)	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ / 15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Ohio Unemployment Commission 747 Capitol Blvd. Columbus, OH 43270	1 Unemployment compensation $ 1,345.00 2 State or local income tax refunds, credits, or offsets $	OMB No. 1545-0120 2009 Form 1099-G	**Certain Government Payments**
PAYER'S federal identification number: 24-5XXXXXX RECIPIENT'S identification number: 241-XX-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld $ 135.00	**Copy C**
RECIPIENT'S name Anna E. Fleming	5 ATAA payments $	6 Taxable grants $	**For Payer**
Street address (including apt. no.) 356 Wilkes Drive City, state, and ZIP code Your City, State, and ZIP Code	7 Agriculture payments $ 9 Market gain $	8 Check if box 2 is trade or business income ► ☐	For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**
Account number (see instructions)			

Form **1099-G** Department of the Treasury - Internal Revenue Service

Form **13614-C** (Rev. 9- 2010)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. Page 1 and Page 2 to be completed by Taxpayer
Thank you for allowing us to prepare your tax return. It is very important for you to provide the information on this form to help our certified volunteer preparer in completing your return. **If you have any questions, please ask.**

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as drivers license or other picture ID).

Part I. Your Personal Information

1. Your First Name Steven	M. I. A.	Last Name Sterling	Are you a U.S. Citizen? ☒ Yes ☐ No
2. Spouse's First Name Page	M. I. S.	Last Name Sterling	Is spouse a U.S. Citizen? ☒ Yes ☐ No

3. Mailing Address 3717 Misty Meadow	Apt#	City Your City	State YS	Zip Code Your Zip Code

4. Phone Primary: (404) 555-XXXX Other:	E-mail

5. Your Date of Birth 09/21/1941	6. Your Occupation Retired	7. Are you Legally Blind ☐ Yes ☒ No 8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth 02/11/1951	10. Spouse's Occupation Housewife	11. Is Spouse Legally Blind ☒ Yes ☐ No 12. Totally and Permanently Disabled ☐ Yes ☒ No

13. Can your parents or someone else claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Family and Dependent Information

1. As of December 31, 2010, your marital status was:
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2010? ☒ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: __________________
   - ☐ Widowed: Year of spouse's death: _________

2. List the name of everyone below who lived in your home and outside your home that you supported during 2010.
If additional space is needed please check here and use page 4 for additional information. ☐

Name (first, last) Do not enter your name or Spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. son, mother, sister) (c)	Number of months lived in your home (d)	US Citizen or resident of the US, Canada or Mexico (yes/no) (e)	Single as of 12/31/10 (yes/no) (f)	Full-time student (yes/no) (g)	Received more than $3650 in income (yes/no) (h)
Samantha Summers	01/13/1949	Sister	12	Yes	Yes	No	No

- Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.
- To report any concerns to IRS on site operating issues please call **Toll Free 1-877-330-1205 or email us at WI.Voltax@irs.gov.**

Catalog Number 52121E Form **13614-C** (Rev. 9-2010)

Section A. To be completed by Taxpayer (continued)

Part III. Income – In 2010, did you (or your spouse) receive: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Wages or Salary? (Form(s) W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID)
☐	☒	☐	5. Refund of state/local income taxes previously used as a deduction on 1040 Sch A? (Form(s) 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment Income/Loss (such as earnings from contract labor, small business)? (Form(s) 1099-MISC)
☒	☐	☐	8. Income (gain or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Form(s) 1099-B)
☐	☒	☐	9. Disability Income (such as payments from SSA, VA, insurance, etc)? (Forms 1099-R, W-2)
☒	☐	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form(s) 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form(s) 1099-G)
☒	☐	☐	12. Social Security or Railroad Retirement Benefits? (Form(s) SSA-1099)
☐	☒	☐	13. Income (profit or loss) from Rental Property?
☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2010 Did you (or your spouse) pay: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☐ Other
☐	☒	☐	3. Educational expenses paid for yourself, spouse or dependents? (such as tuition, books, fees, etc.)
☐	☒	☐	4. Unreimbursed employee business expenses (such as mileage)?
☐	☒	☐	5. Medical expenses?
☐	☒	☐	6. Home mortgage interest?
☐	☒	☐	7. Real estate taxes for your home or personal property taxes?
☐	☒	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses that allowed you and your spouse, to work or to look for work?

Part V. Life Events – In 2010 Did you (or your spouse): (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)
☐	☒	☐	3. Buy a home? If yes, closing date __________________
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☐	☒	☐	5. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? _________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in previous years?
☐	☒	☐	8. Pay any student loan interest?
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2010 tax? If so how much? _________________________
☐	☒	☐	10. If you are due a refund, would you like a direct deposit or split your refund?
☐	☒	☐	11. If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?
☐	☒	☐	12. If you have a balance due, would you like information about all of your payment options? (such as payment directly from your bank account, check, money order, credit/debit card or payment plan)

Catalog Number 52121E Form **13614-C** (Rev. 9-2010)

TAXPAYER STOP HERE!

Thank you for completing this form.

Section B. To be Completed by Certified Volunteer Only

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1 & 2 is complete. Any question marked "Unsure" must be discussed with the taxpayer and changed to "Yes" or "No".

Must be completed ONLY if persons are listed in Part II, Question 2.

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? If yes, which ones:

____

____

____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? If yes, which ones:

____

____

____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than half of their own support? If yes, which ones:

____

____

____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer provide more than half the support for each of the persons in Part II, Question 2? If no, which ones:

____

____

____

☐ Yes ☐ No 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? If yes, which ones:

____

____

____

Reminder

Use Publication 17, *Your Federal Income Tax For Individuals* and Publication 4012, *Volunteer Resource Guide* in making tax law determinations.

Section C. To be completed by a Certified Quality Reviewer

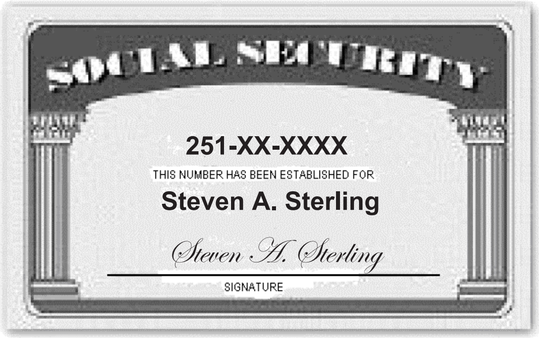
After reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer, check the final item.

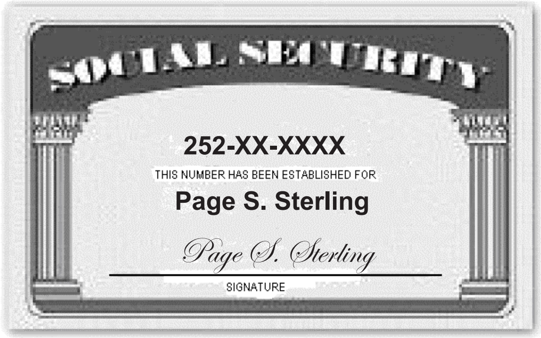
1. **Section A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone number** was verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **income** shown on source documents and noted in Sections A, part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All **credits** are correctly reported.
10. Withholding shown on **Forms W-2,1099** and **Estimated Tax Payments** are correctly reported.
11. If **direct deposit** or **debit** was elected, checking/saving account and routing information match the supporting documents.
12. Correct SIDN is shown on the return.

☐ **All Quality Review Issues above have been addressed and necessary changes have been made.**

Catalog Number 52121E

Form **13614-C** (Rev. 9-2010)


SOCIAL SECURITY
251-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Steven A. Sterling
Steven A. Sterling
SIGNATURE


SOCIAL SECURITY
252-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Page S. Sterling
Page S. Sterling
SIGNATURE


SOCIAL SECURITY
253-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Samantha Summers
Samantha Summers
SIGNATURE

Interview Notes – Sterling

- Steven and Page have been married for over 40 years, and each year they return to your site to have their tax return completed. Steven retired from the International Brotherhood of Electrical Workers on January 1, 2008. Page, who is a housewife, is covered by the plan. He recovered $227 of his cost in the previous year.
- Steven's sister, Samantha Summers, lived with them all year. She is an invalid and relies upon her brother for her support. She receives $250 per month in social security benefits.
- Page has less than 20/200 vision in both eyes. She provided a doctor's statement.
- Steven purchased 100 shares of Chapman stock in 1983 for $12,000. He sold the stock on March 23, 2010 (if using 2009 software use March 23, 2009). He received $23,789 net of commissions on the sale.
- Neither Steven nor Page wants $3 to go to the Presidential Election Campaign Fund. They itemized deductions last year but did not receive any state refund. They would like to have any refund sent by check, and will pay any amount due by check.
- Steven did not receive an Economic Recovery Payment in 2010.
- **If using 2009 software, use 2009 tax law.** Steven received an Economic Recovery Payment in 2009. Check "Yes" on line 10 of Schedule M and enter $250. Check "No" on line 11."

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C or Form 8158, *Quality Review Sheet*, prior to obtaining the taxpayer's signature.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Chapman Federal S & L Association 1413 5th Street Cincinnati, OH 45202	Payer's RTN (optional) **1** Interest income $ 124.73 **2** Early withdrawal penalty $	OMB No. 1545-0112 **2010** Form **1099-INT**	**Interest Income**
PAYER'S federal identification number: 25-1XXXXXX RECIPIENT'S identification number: 251-XX-XXXX	**3** Interest on U.S. Savings Bonds and Treas. obligations $		**Copy B** **For Recipient** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Steven A. Sterling	**4** Federal income tax withheld $	**5** Investment expenses $	
Street address (including apt. no.) 3717 Misty Meadow	**6** Foreign tax paid $	**7** Foreign country or U.S. possession	
City, state, and ZIP code Your City, State, and ZIP Code	**8** Tax-exempt interest $	**9** Specified private activity bond interest $	
Account number (see instructions)	**10** Tax-exempt bond CUSIP no. (see instructions)		

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. New City Bank 1 Riverview Ft. Thomas, KY 41075	Payer's RTN (optional) **1** Interest income $ 1,864.78 **2** Early withdrawal penalty $	OMB No. 1545-0112 **2010** Form **1099-INT**	**Interest Income**
PAYER'S federal identification number: 25-2XXXXXX RECIPIENT'S identification number: 251-XX-XXXX	**3** Interest on U.S. Savings Bonds and Treas. obligations $		**Copy B** **For Recipient** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Steven A. Sterling	**4** Federal income tax withheld $	**5** Investment expenses $	
Street address (including apt. no.) 3717 Misty Meadow	**6** Foreign tax paid $	**7** Foreign country or U.S. possession	
City, state, and ZIP code Your City, State, and ZIP Code	**8** Tax-exempt interest $	**9** Specified private activity bond interest $	
Account number (see instructions)	**10** Tax-exempt bond CUSIP no. (see instructions)		

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Bridgeport Fund P.O. Box 5250 Hebron, KY 41048	1a Total ordinary dividends $ 162.99 1b Qualified dividends $ 106.00	OMB No. 1545-0110 2010 Form 1099-DIV	**Dividends and Distributions**
	2a Total capital gain distr. $ 68.75	2b Unrecap. Sec. 1250 gain $	**Copy B** **For Recipient**
PAYER'S federal identification number 25-3XXXXXX / RECIPIENT'S identification number 251-XX-XXXX	2c Section 1202 gain $	2d Collectibles (28%) gain $	
RECIPIENT'S name Steven A. Sterling	3 Nondividend distributions $	4 Federal income tax withheld $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		5 Investment expenses $	
Street address (including apt. no.) 3717 Misty Meadow	6 Foreign tax paid $ 13.15	7 Foreign country or U.S. possession	
City, state, and ZIP code Your City, State, and ZIP Code	8 Cash liquidation distributions $	9 Noncash liquidation distributions $	
Account number (see instructions)			

Form **1099-DIV** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Averell Pension Fund 36964 Doane Road Louisville, KY 40202	1 Gross distribution $ 18,625.00 2a Taxable amount $	OMB No. 1545-0119 2010 Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☒	Total distribution ☐	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
PAYER'S federal identification number 25-4XXXXXX / RECIPIENT'S identification number 251-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 1,715.00	
RECIPIENT'S name Steven A. Sterling	5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 3717 Misty Meadow	7 Distribution code(s) 7 / IRA/SEP/SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, State, and ZIP Code	9a Your percentage of total distribution %	9b Total employee contributions $ 5,864.00	
1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ $
Account number (see instructions)	13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Scripps Investment Partners 101 Main Street Cincinnati, OH 45202	1 Gross distribution $ 11,793.00 2a Taxable amount $ 11,793.00 OMB No. 1545-0119 **2010** Form **1099-R** **Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☐ Total distribution ☐
PAYER'S federal identification number 25-5XXXXXX RECIPIENT'S identification number 251-XX-XXXX	3 Capital gain (included in box 2a) $ 4 Federal income tax withheld $ 1,179.00
RECIPIENT'S name Steven A. Sterling	5 Employee contributions /Designated Roth contributions or insurance premiums $ 6 Net unrealized appreciation in employer's securities $
Street address (including apt. no.) 3717 Misty Meadow	7 Distribution code(s) 7 IRA/SEP/SIMPLE ☐ 8 Other $ %
City, state, and ZIP code Your City, State, and ZIP Code	9a Your percentage of total distribution % 9b Total employee contributions $
1st year of desig. Roth contrib.	10 State tax withheld $ $ 11 State/Payer's state no. YS/25-5XXXXXX 12 State distribution $ $
Account number (see instructions)	13 Local tax withheld $ $ 14 Name of locality 15 Local distribution $ $

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form **1099-R** Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2010
- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name **STEVEN A. STERLING**	Box 2. Beneficiary's Social Security Number **251-XX-XXXX**	
Box 3. Benefits Paid in 2010 **$15,972.00**	Box 4. Benefits Repaid to SSA in 2010	Box 5. Net Benefits for 2010 *(Box 3 minus Box 4)* **$15,972.00**

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit: **$13,455.20** **Medicare Part B premiums deducted from your benefits: $1,156.80** **Medicare Prescription Drug premiums (Part D) deducted from your benefits: $810.00** **Total Additions: $15,972.00** **Benefits for 2010: $15,972.00**	**NONE** Box 6. Voluntary Federal Income Tax Withholding **$550.00** Box 7. Address **Steven A. Sterling** **3717 Misty Meadow** **Your City, State and ZIP Code** Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Draft as of May 15, 2010 - Subject to Change

Form **SSA-1099-SM** (1-2010) **DO NOT RETURN THIS FORM TO SSA OR IRS**

Problem C – Kent Intake and Interview Sheet, page 1 of 3

Form **13614-C** (Rev. 9- 2010)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. Page 1 and Page 2 to be completed by Taxpayer
Thank you for allowing us to prepare your tax return. It is very important for you to provide the information on this form to help our certified volunteer preparer in completing your return. **If you have any questions, please ask.**

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as drivers license or other picture ID).

Part I. Your Personal Information

1. Your First Name Karl	M. I. R.	Last Name Kent	Are you a U.S. Citizen? ☒ Yes ☐ No
2. Spouse's First Name Kara	M. I. B.	Last Name Bryant	Is spouse a U.S. Citizen? ☒ Yes ☐ No

3. Mailing Address 1068 Rivermeade Dr.	Apt#	City Your City	State YS	Zip Code Your Zip Code

4. Phone Primary: (259) 555-XXXX Other:	E-mail

5. Your Date of Birth 07/28/1940	6. Your Occupation Clerk	7. Are you Legally Blind ☐ Yes ☒ No 8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth 01/15/1950	10. Spouse's Occupation School Teacher	11. Is Spouse Legally Blind ☐ Yes ☒ No 12. Totally and Permanently Disabled ☐ Yes ☒ No

13. Can your parents or someone else claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Family and Dependent Information

1. As of December 31, 2010, your marital status was:
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2010? ☒ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ___________________
   - ☐ Widowed: Year of spouse's death: __________

2. List the name of everyone below who lived in your home and outside your home that you supported during 2010. If additional space is needed please check here and use page 4 for additional information. ☐

Name (first, last) Do not enter your name or Spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. son, mother, sister) (c)	Number of months lived in your home (d)	US Citizen or resident of the US, Canada or Mexico (yes/no) (e)	Single as of 12/31/10 (yes/no) (f)	Full-time student (yes/no) (g)	Received more than $3650 in income (yes/no) (h)
Tamara Thomas	05/08/2006	Grandchild	12	Yes	Yes	No	No
Kendra Kent	03/13/1988	Daughter	12	Yes	Yes	Yes	No
Kerri Bryant	03/17/1948	Sister	12	Yes	Yes	No	No

- Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.
- To report any concerns to IRS on site operating issues please call **Toll Free 1-877-330-1205 or email us at WI.Voltax@irs.gov.**

Catalog Number 52121E Form **13614-C** (Rev. 9-2010)

Section A. To be completed by Taxpayer (continued)

Part III. Income – In 2010, did you (or your spouse) receive: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form(s) W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID)
☒	☐	☐	5. Refund of state/local income taxes previously used as a deduction on 1040 Sch A? (Form(s) 1099-G)
☐	☒	☐	6. Alimony Income?
☒	☐	☐	7. Self-Employment Income/Loss (such as earnings from contract labor, small business)? (Form(s) 1099-MISC)
☒	☐	☐	8. Income (gain or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Form(s) 1099-B)
☐	☒	☐	9. Disability Income (such as payments from SSA, VA, insurance, etc)? (Forms 1099-R, W-2)
☒	☐	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form(s) 1099-R)
☒	☐	☐	11. Unemployment Compensation? (Form(s) 1099-G)
☒	☐	☐	12. Social Security or Railroad Retirement Benefits? (Form(s) SSA-1099)
☐	☒	☐	13. Income (profit or loss) from Rental Property?
☒	☐	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: Gambling Winnings (W2G) (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2010 Did you (or your spouse) pay: (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☒	☐	☐	1. Alimony: If yes, do you have the recipient's SSN? ☒ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? ☒ IRA ☐ Roth IRA ☒ 401K ☐ Other
☒	☐	☐	3. Educational expenses paid for yourself, spouse or dependents? (such as tuition, books, fees, etc.)
☐	☒	☐	4. Unreimbursed employee business expenses (such as mileage)?
☒	☐	☐	5. Medical expenses?
☒	☐	☐	6. Home mortgage interest?
☒	☐	☐	7. Real estate taxes for your home or personal property taxes?
☒	☐	☐	8. Charitable contributions?
☒	☐	☐	9. Child/dependent care expenses that allowed you and your spouse, to work or to look for work?

Part V. Life Events – In 2010 Did you (or your spouse): (Check Yes, No or Unsure to all questions below)

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)
☐	☒	☐	3. Buy a home? If yes, closing date __________________
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☒	☐	☐	5. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? _________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in previous years?
☒	☐	☐	8. Pay any student loan interest?
☒	☐	☐	9. Make estimated tax payments or apply last year's refund to your 2010 tax? If so how much? $400.00
☒	☐	☐	10. If you are due a refund, would you like a direct deposit or split your refund?
☐	☒	☐	11. If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?
☐	☒	☐	12. If you have a balance due, would you like information about all of your payment options? (such as payment directly from your bank account, check, money order, credit/debit card or payment plan)

Catalog Number 52121E Form **13614-C** (Rev. 9-2010)

TAXPAYER STOP HERE!

Thank you for completing this form.

Section B. To be Completed by Certified Volunteer Only

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1 & 2 is complete. Any question marked "Unsure" must be discussed with the taxpayer and changed to "Yes" or "No".

Must be completed ONLY if persons are listed in Part II, Question 2.

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? If yes, which ones:

____
____
____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? If yes, which ones:

____
____
____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than half of their own support? If yes, which ones:

____
____
____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer provide more than half the support for each of the persons in Part II, Question 2? If no, which ones:

____
____
____

☐ Yes ☐ No 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? If yes, which ones:

____
____
____

Reminder

Use Publication 17, *Your Federal Income Tax For Individuals* and Publication 4012, *Volunteer Resource Guide* in making tax law determinations.

Section C. To be completed by a Certified Quality Reviewer

After reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer, check the final item.

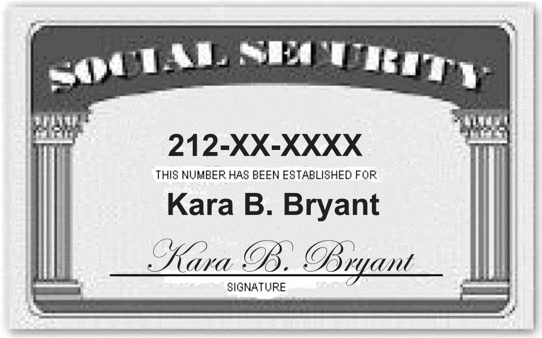
1. **Section A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone number** was verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **income** shown on source documents and noted in Sections A, part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All **credits** are correctly reported.
10. Withholding shown on **Forms W-2,1099** and **Estimated Tax Payments** are correctly reported.
11. If **direct deposit** or **debit** was elected, checking/saving account and routing information match the supporting documents.
12. Correct SIDN is shown on the return.

☐ **All Quality Review Issues above have been addressed and necessary changes have been made.**

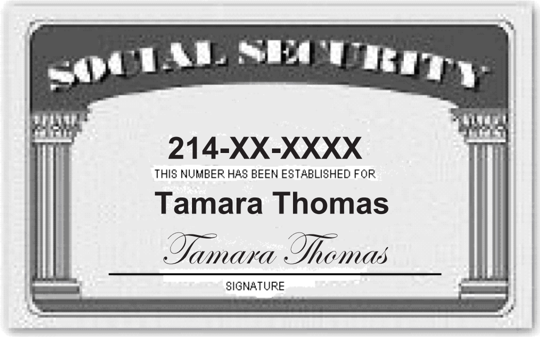
Catalog Number 52121E

Form **13614-C** (Rev. 9-2010)


SOCIAL SECURITY
211-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Karl R. Kent
Karl R. Kent
SIGNATURE


SOCIAL SECURITY
212-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Kara B. Bryant
Kara B. Bryant
SIGNATURE


SOCIAL SECURITY
213-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Kendra Kent
Kendra Kent
SIGNATURE


SOCIAL SECURITY
214-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Tamara Thomas
Tamara Thomas
SIGNATURE


SOCIAL SECURITY
210-XX-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
Kerri Bryant
Kerri Bryant
SIGNATURE

Interview Notes – Kent

- Karl and Kara are full-time residents of your state and they want to file a state return.
- Karl indicates he would like $3 to go to the Presidential Election Campaign Fund, while Kara does not wish to contribute.
- Their daughter, Kendra, is a full-time student classified as a junior at a local community college.
- Karl and Kara paid for day care for Karl's granddaughter Tamara (who lived with them full-time) while they both worked. Karl is a clerk and Kara is a schoolteacher.
- Kerri Bryant is Kara's older sister who is totally and permanently disabled. Kerri lived with the Kents all year and was fully supported by them.
- If they have a refund, they want half of the refund applied to next year's taxes and the other half deposited directly into their checking account. They show you a personal check with routing number 065502789 and account number 12345678.
- Karl and Kara provided 100% of the support for both Kendra and Tamara.
- Kara received $5,000 cash plus other income reported on a Schedule K-1 from the estate of her great-aunt.
- In 2010, the Kents did not receive an Economic Recovery Payment.
- **If using 2009 software, use 2009 tax law.** Karl received a $250 Economic Recovery Payment in 2009. (**Caution** – Do NOT enter this payment until Line 63).

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C or Form 8158, *Quality Review Sheet*, prior to obtaining the taxpayer's signature.

Line 7—Wages

a Employee's social security number	212-XX-XXXX
OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)	21-6XXXXXX
c Employer's name, address, and ZIP code	Jefferson Independent School District 12210 Lee Road Indianapolis, IN 46204
d Control number	
e Employee's first name and initial / Last name / Suff.	Kara B. Bryant 1068 Rivermeade Dr. Your City, State and ZIP Code
f Employee's address and ZIP code	
1 Wages, tips, other compensation	$13,817.00
2 Federal income tax withheld	$987.00
3 Social security wages	$13,817.00
4 Social security tax withheld	$856.65
5 Medicare wages and tips	$13,817.00
6 Medicare tax withheld	$200.45
7 Social security tips	
8 Allocated tips	
9 Advance EIC payment	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
12b	
12c	
12d	
13 Statutory employee / Retirement plan / Third-party sick pay	Retirement plan: X
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	21-6XXXXXX	$13,817.00	$693.00			

Form **W-2** **Wage and Tax Statement** **2010**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number	211-XX-XXXX
OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)	21-5XXXXXX
c Employer's name, address, and ZIP code	Americus Petroleum 260 Rice Street Indianapolis, IN 46204
d Control number	
e Employee's first name and initial / Last name / Suff.	Karl R. Kent 1068 Rivermeade Dr. Your City, State and ZIP Code
f Employee's address and ZIP code	
1 Wages, tips, other compensation	$28,134.00
2 Federal income tax withheld	$2,176.00
3 Social security wages	$31,087.63
4 Social security tax withheld	$1,927.00
5 Medicare wages and tips	$31,087.63
6 Medicare tax withheld	$450.77
7 Social security tips	
8 Allocated tips	
9 Advance EIC payment	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	Code D: $2,953.63
12b	
12c	
12d	
13 Statutory employee / Retirement plan / Third-party sick pay	Retirement plan: X
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	21-5XXXXXX	$28,134.00	$1,674.00			

Form **W-2** **Wage and Tax Statement** **2010**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Note: Form 8880 will appear in the TaxWise® Forms Tree—do not complete.

Refund Monitor – Refund (Balance Due): $3,840 (2009)
$_____ (2010)

Line 8—Interest

Karl is collecting payments on a seller-financed mortgage. The purchaser is Charles Campbell (SSN 219-XX-XXXX), 1523 North Curry Rd, Your City, State, ZIP Code. Last year Karl received $2,782.15 interest on that loan.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Kendall Federal Credit Union 2602 Parks Road Indianapolis, IN 46204	Payer's RTN (optional) **1** Interest income $ 456.00 **2** Early withdrawal penalty $ 46.00	OMB No. 1545-0112 **2010** Form **1099-INT**	**Interest Income**
PAYER'S federal identification number 21-8XXXXXX RECIPIENT'S identification number 211-XX-XXXX	**3** Interest on U.S. Savings Bonds and Treas. obligations $		**Copy B** **For Recipient** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Karl R. Kent	**4** Federal income tax withheld $	**5** Investment expenses $	
Street address (including apt. no.) 1068 Rivermeade Dr.	**6** Foreign tax paid $	**7** Foreign country or U.S. possession	
City, state, and ZIP code Your City, State, and ZIP Code	**8** Tax-exempt interest $	**9** Specified private activity bond interest $	
Account number (see instructions)	**10** Tax-exempt bond CUSIP no. (see instructions)		

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

Karl received information from Gordon Investment Services that he had been paid $148.63 in tax-exempt interest on that account.

Karl received a broker's statement from ZYX Investments. Enter any interest income shown on the following broker's statement. Tax-exempt interest was paid on a municipal bond from another state.

Money from U.S. Savings Bonds was used by the Kents for house repairs.

Refund Monitor – Refund (Balance Due): $3,511 (2009)
$_____ (2010)

Line 9—Dividends

Karl R. Kent 1068 Rivermeade Drive Your City, State, and ZIP Code Tax Identification Number: **211-XX-XXXX**	**ZYX Investments** 456 Maple Ave. Fairbanks, AK 99701 (907)555-XXXX EIN: 21-7XXXXXX	**Tax Year 2010** 1099 Tax Reporting Copy B for Recipient

1099-INT Interest Income

Interest Income Not in Box 3 Box 1	Early Withdrawal Penalty Box 2	Interest on U.S. Savings Bonds and Treasury Obligations Box 3	Federal Income Tax Withheld Box 4	Investment Expenses Box 5	Foreign Tax Paid Box 6	Foreign Country or U.S. Possession Box 7	Tax-Exempt Interest Box 8	Specified Private Activity Bond Interest Box 9
$123.00	$0.00	$864.00	$86.00	$0.00	$0.00		$1,500.00	$0.00

1099-DIV Dividend Income

Total Ordinary Dividends Box 1a	Qualified Dividends Box 1b	Total Capital Gain Distribution Box 2a	Unrecaptured Section 1250 Gain Box 2b	Section 1202 Gain Box 2c	Collectibiles (28%) Gain Box 2d	Nondividend Distributions Box 3	Federal Income Tax Withheld Box 4	Investment Expenses Box 5
$231.86	$231.86	$68.75	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Foreign Tax Paid Box 6	Foreign Country or U.S. Possession Box 7	Cash Liquidation Distributions Box 8	Noncash Liquidation Distributions Box 9
$3.65		$0.00	$0.00

1099-B Proceeds from Broker and Barter Exchange Transactions

Transaction Date Box 1a	CUSIP Box 1b	Description Box 7	Number of Shares Box 5	Federal Income Tax Withheld Box 4	Gross Proceeds Less Commission Box 2	Buy Date	Cost/Basis
09/23/2010	XXXX	Rust Corp.	100	$0.00	$1,700.00	11/01/1998	$3,200.00
06/01/2010	XXXX	Rio Motors	150	$0.00	$10,675.00	07/15/2008	$9,543.00
12/30/2010	XXXX	Rider Corp.	65	$0.00	$5,663.00		

Neither Karl nor Kara have an interest in a financial account in a foreign country and have never received distributions from or transferred funds to a foreign trust.

Enter now any foreign tax paid by Karl as reported on a 1099-DIV (or broker's statement).

Refund Monitor-Refund (Balance Due): $3,515 (2009)
$_____ (2010)

Line 10—Taxable Refunds

Karl and Kara itemized deductions last year and received a $437 tax refund from the state. Their taxable income for 2008 was $75,000 and for 2009 was $49,859. Their total itemized deductions were $13,250. The amount of state income taxes was $2,998 and the amount of state sales tax was $689.00. They annually pay $1,253 in county property tax on their home.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. IN Department of Revenue 1600 West Indy Street Indianapolis, IN 46204		1 Unemployment compensation $ 2 State or local income tax refunds, credits, or offsets $ 437.00	OMB No. 1545-0120 2010 Form 1099-G	Certain Government Payments
PAYER'S federal identification number 22-0XXXXXX	RECIPIENT'S identification number 211-XX-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld $	Copy B For Recipient
RECIPIENT'S name Karl R. Kent/Kara B. Bryant		5 ATAA payments $	6 Taxable energy grants $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 1068 Rivermeade Dr.		7 Agriculture payments $	8 Check if box 2 is trade or business income ► ☐	
City, state, and ZIP code Your City, State, and ZIP Code		9 Market gain $		
Account number (see instructions)		10a State	10b State identification no.	11 State income tax withheld

Form 1099-G (keep for your records) Department of the Treasury - Internal Revenue Service

Refund Monitor – Refund (Balance Due): $3,485 (2009)

$_____ (2010)

Line 12—Business Income

Kara has a small business, which she operates out of her home, typing medical transcripts. The business code is 561410. In addition to the amount reported on Form 1099-MISC, she also received $1,082 during the year from other doctors for this service. Her expenses included $49.00 for paper and $67.50 for a printer cartridge. Kara used her second car for picking up and delivering the typing jobs. She maintained a written record of mileage, reporting 35 business miles per month and 10,000 other miles. She bought the car and started using it for business on January 2, 2006. Kara has another car available for personal use.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Pratt Medical Centers, Inc. 826 Payne Avenue Indianapolis, IN 46204		1 Rents $ 2 Royalties $	OMB No. 1545-0115 2010 Form 1099-MISC	**Miscellaneous Income**
		3 Other income $	**4 Federal income tax withheld** $	**Copy B** **For Recipient**
PAYER'S federal identification number 21-1XXXXXX	RECIPIENT'S identification number 212-XX-XXXX	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name Kara B. Bryant		7 Nonemployee compensation $ 1,637.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 1068 Rivermeade Dr.		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
City, state, and ZIP code Your City, State, and ZIP Code		11	12	
Account number (see instructions)		13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	**15b** Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** (keep for your records) Department of the Treasury - Internal Revenue Service

Refund Monitor – Refund (Balance Due): $2,871 (2009)

$_____ (2010)

Line 13—Capital Gain or Loss

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Pelrum Brokerage Service 82 Durr Street Indianapolis, IN 46249	**1a** Date of sale or exchange 03/10/2010 **1b** CUSIP no.	OMB No. 1545-0715 **2010** Form **1099-B**	**Proceeds From Broker and Barter Exchange Transactions**
	2 Stocks, bonds, etc. $ 8,859.00	Reported to IRS } ☒ Gross proceeds ☐ Gross proceeds less commissions and option premiums	
PAYER'S federal identification number: 21-2XXXXXX RECIPIENT'S identification number: 211-XX-XXXX	**3** Bartering $	**4** Federal income tax withheld $	
RECIPIENT'S name Karl R. Kent	**5** No. of shares exchanged 100	**6** Classes of stock exchanged	**Copy B** **For Recipient** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 1068 Rivermeade Dr.	**7** Description Purdue		
City, state, and ZIP code Your City, State, and ZIP Code	**8** Profit or (loss) realized in 2010 $	**9** Unrealized profit or (loss) on open contracts—12/31/2009 $	
CORPORATION'S name	**10** Unrealized profit or (loss) on open contracts–12/31/2010 $	**11** Aggregate profit or (loss) $	
Account number (see instructions)	**12** If the box is checked, the recipient cannot take a loss on their tax return based on the amount in box 2 . . ☐		

Form **1099-B** (keep for your records) Department of the Treasury - Internal Revenue Service

Karl paid $10,123 for 100 shares of Purdue stock on July 1, 2001 and paid $35 commission for the sale.
Refer to the broker's statement for additional stock sales.

Note: If using tax software 2009 software, the year for all sell dates needs to be reduced by one year. Reduce the buy date for Rio Motors by one year if using 2009 tax software.

ZYX Investments does not have a record for the purchase of Rider stock. Karl inherited the 65 shares from his uncle. The stock was worth $7,222 on 11/29/2007, the day his uncle died.

Refund Monitor – Refund (Balance Due): $3,229 (2009)
$_____ (2010)

Line 15—IRA Distributions

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Saulk Trust Company P.O. Box 254 Indianapolis, IN 46204		1 Gross distribution $ 838.00 2a Taxable amount $ 838.00	OMB No. 1545-0119 2010 Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
		2b Taxable amount not determined ☐	Total distribution ☐	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
PAYER'S federal identification number 21-3XXXXXX	RECIPIENT'S identification number 211-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Karl R. Kent		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 1068 Rivermeade Dr.		7 Distribution code(s) 7 IRA/ SEP/ SIMPLE ☒	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, State, and ZIP Code		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no. YS/21-3XXXXXX	12 State distribution $ $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

Karl did a direct transfer of his traditional IRA funds from Yale Security IRA to Merrill Lynch. He received Form 1099-R below.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Yale Security IRA P.O. Box 2537 Indianapolis, IN 46204		1 Gross distribution $ 11,755.00 2a Taxable amount $	OMB No. 1545-0119 2010 Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
		2b Taxable amount not determined ☒	Total distribution ☐	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
PAYER'S federal identification number 21-4XXXXXX	RECIPIENT'S identification number 211-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Karl R. Kent		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 1068 Rivermeade Dr.		7 Distribution code(s) G IRA/ SEP/ SIMPLE ☒	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, State, and ZIP Code		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no. YS/21-4XXXXXX	12 State distribution $ $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

Refund Monitor – Refund (Balance Due): $3,144 (2009)

$_____ (2010)

Line 16—Pensions and Annuities

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	**Defense Finance & Accounting SVC** **US Military Retirement Pay** **P.O.Box 7139** **Indianapolis, IN 46249**
1 Gross distribution	$ **1,200.00**
2a Taxable amount	$ **1,200.00**
OMB No. 1545-0119	2010 Form **1099-R**
	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined ☐	Total distribution ☐
PAYER'S federal identification number	**227-xxxxxx**
RECIPIENT'S identification number	**211-xx-xxxx**
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$
RECIPIENT'S name	**KARL R. KENT**
Address	**1068 Rivermeade Dr** **Your City, State and ZIP Code**
5 Employee contributions /Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
7 Distribution code(s)	**7**
IRA/SEP/SIMPLE	☐
8 Other	$ %
9a Your percentage of total distribution	%
9b Total employee contributions	$
1st year of desig. Roth contrib.	
10 State tax withheld	$ / $
11 State/Payer's state no.	
12 State distribution	$ / $
Account number (see instructions)	
13 Local tax withheld	$ / $
14 Name of locality	
15 Local distribution	$ / $

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form **1099-R** Department of the Treasury - Internal Revenue Service

Karl retired two years ago and started drawing his retirement pay on January 1, 2009 (January 1, 2008 for TaxWise® 2009). He recovered $335 of his cost during the first year. Karl did not select a joint and survivor annuity.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	Stillman Pension Fund 36964 Dana Road Indianapolis, IN 46204
1 Gross distribution	$ 18,625.00
2a Taxable amount	$
OMB No. 1545-0119	2010 Form **1099-R**
	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined	x
Total distribution	☐
PAYER'S federal identification number	24-0XXXXXX
RECIPIENT'S identification number	211-XX-XXXX
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 1,715.00
RECIPIENT'S name	Karl R. Kent
Street address (including apt. no.)	1068 Rivermeade Dr.
City, state, and ZIP code	Your City, State, and ZIP Code
5 Employee contributions /Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
7 Distribution code(s)	7
IRA/SEP/SIMPLE	☐
8 Other	$ %
9a Your percentage of total distribution	%
9b Total employee contributions	$ 5,864.00
1st year of desig. Roth contrib.	
10 State tax withheld	$ / $
11 State/Payer's state no.	YS/24-0XXXXXX
12 State distribution	$ / $
Account number (see instructions)	
13 Local tax withheld	$ / $
14 Name of locality	
15 Local distribution	$ / $

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form **1099-R** Department of the Treasury - Internal Revenue Service

Refund Monitor – Refund (Balance Due): $1,983 (2009)
$_____ (2010)

651110

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0099

Schedule K-1 (Form 1065) **2010**

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax year beginning ____________, 2010 ending ____________, 20____

Partner's Share of Income, Deductions, Credits, etc.

► See back of form and separate instructions.

Part I Limited Information About the Partnership

A Partnership's employer identification number
22-8XXXXXX

B Partnership's name, address, city, state, and ZIP code
Black Jack Production Company
1001 Yukon Dr.
Fairbanks, AK 99701

C IRS Center where partnership filed return
Austin

D ☒ Check if this is a publicly traded partnership (PTP)

Part II Limited Information About the Partner

E Partner's identifying number
212-XX-XXXX

F Partner's name, address, city, state, and ZIP code
Kara B. Bryant
1068 Rivermeade Dr.
Your City, State, and Zip Code

G ☐ General partner or LLC member-manager ☐ Limited partner or other LLC member

H ☐ Domestic partner ☐ Foreign partner

I What type of entity is this partner? ____________

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

K Partner's share of liabilities at year end:
Nonrecourse . . . . $ ____________
Qualified nonrecourse financing . $ ____________
Recourse . . . . $ ____________

L Partner's capital account analysis:
Beginning capital account . . . . $ ____________
Capital contributed during the year $ ____________
Current year increase (decrease) . $ ____________
Withdrawals & distributions . . . $ (____________)
Ending capital account . . . . . $ ____________

☐ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☐ No
If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties **$1,050.00**		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
		19	Distributions
12	Section 179 deduction		
13	Other deductions	20	Other information
14	Self-employment earnings (loss)		

*See attached statement for additional information.

For IRS Use Only

Draft as of 06/25/2010

Refund Monitor – Refund (Balance Due): $1,826 (2009)
$_____ (2010)

Line 19—Unemployment Compensation

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Indiana Unemployment Commission 32 Sutton Road Indianapolis, IN 46204	1 Unemployment compensation $ 2,550.00 2 State or local income tax refunds, credits, or offsets $	OMB No. 1545-0120 2010 Form 1099-G	Certain Government Payments
PAYER'S federal identification number: 25-0XXXXXX RECIPIENT'S identification number: 211-XX-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld $ 120.00	Copy B For Recipient
RECIPIENT'S name Karl R. Kent	5 ATAA payments $	6 Taxable energy grants $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 1068 Rivermeade Dr.	7 Agriculture payments $	8 Check if box 2 is trade or business income ▶ ☐	
City, state, and ZIP code Your City, State, and ZIP Code	9 Market gain $		
Account number (see instructions)	10a State	10b State identification no. 11 State income tax withheld	

Form 1099-G (keep for your records) Department of the Treasury - Internal Revenue Service

Refund Monitor – Refund (Balance Due): $1,923 (2009)

$___ (2010)

—Social Security Benefits

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2010
- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name KARL R. KENT		Box 2. Beneficiary's Social Security Number 211-XX-XXXX
Box 3. Benefits Paid in 2010 $13,682.00	Box 4. Benefits Repaid to SSA in 2010	Box 5. Net Benefits for 2010 *(Box 3 minus Box 4)* $13,682.00

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit: $11,565.20 Medicare Part B premiums deducted from your benefits: $1,156.80 Medicare Prescription Drug premiums (Part D) deducted from your benefits: $600.00 Total Additions: $13,682.00 Benefits for 2010: $13,682.00	 Box 6. Voluntary Federal Income Tax Withholding $360.00 Box 7. Address Karl R. Kent 1068 RIVERMEADE DR. Your City, State and ZIP Code Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form SSA-1099-SM (1-2010) **DO NOT RETURN THIS FORM TO SSA OR IRS**

Refund Monitor – Refund (Balance Due): $543 (2009)

$____ (2010)

Line 21—Other Income

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, federal identification number, and telephone number **Lottery Board** **19 West Jackson Street** **Indianapolis, IN 46204** **21-0XXXXXX (888) 341-XXXX**	1 Gross winnings **$1,200.00**	2 Federal income tax withheld	OMB No. 1545-0238 **2010** **Form W-2G** **Certain Gambling Winnings**
	3 Type of wager **Lottery**	4 Date won **04/14/2010**	
	5 Transaction	6 Race	
	7 Winnings from identical wagers	8 Cashier	
WINNER'S name, address (including apt. no.), and ZIP code **Kara B. Bryant** **1068 Rivermeade Dr.** **Your City, State, and ZIP Code**	9 Winner's taxpayer identification no. **212-XX-XXXX**	10 Window	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	11 First I.D.	12 Second I.D.	
	13 State/Payer's state identification no. **22-3XXXXXX**	14 State income tax withheld **$36.00**	

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ▶ *Kara B. Bryant* **Date ▶ 04/14/2010**

Copy C
For Winner's Records

Form **W-2G** Department of the Treasury - Internal Revenue Service

Kara had $2,250 in gambling losses.

Refund Monitor-Refund (Balance Due): $363 (2009)
$_____ (2010)

Line 31a—Alimony Paid Adjustment

Karl paid $3,600 in alimony to a previous wife. Her social security number is 215-XX-XXXX.

Refund Monitor – Refund (Balance Due): $903 (2009)
$____ (2010)

Line 32—IRA Contribution Adjustment

Kara would like to make a contribution to her traditional IRA account. She wants to contribute only the amount that would give her the maximum tax benefit.

Refund Monitor – Refund (Balance Due): $1,803 (2009)
$____ (2010)

Line 33—Student Loan Interest Adjustment

Kara paid $268 interest on a student loan she incurred to obtain her teaching degree.

Refund Monitor – Refund (Balance Due): $1,841 (2009)
$____ (2010)

Line 40—Itemized Deductions

Because of high unreimbursed medical expenses this year, Karl wants to itemize deductions and provides the following information:

Medical insurance	$1,200
Doctor bills	$1,653
Hospital bills	$3,200
Life insurance	$1,842
Funeral expenses	$5,600
Medical mileage	103 miles per month (1,236 miles total)
Prescription drugs	$965
Prescription eyeglasses	$210
Church cash donations with canceled checks	$1,650
Cash contributions to: National Public Radio, American Cancer Society, Shriners Children's Hospital with canceled checks and receipts	$225
Contributions to Millsap Elementary School with canceled checks and receipts	$250
Salvation Army (FMV of clothes and TV in good used condition; Kents have receipts for these contributions.)	$350
Home mortgage interest (Form 1098)	$3,164
County real estate tax (property tax statement based on property value)	$875
City real estate tax (property tax statement based on property value)	$258
Personal property tax (based on the value)	$624
Gambling losses	$2,250
Speeding tickets	$375

Refund Monitor – Refund (Balance Due): $2,216 (2009)
$_____ (2010)

Line 48—Credit for Child and Dependent Care Expenses

Karl and Kara paid the Maryville Day Care Center $1,100 to watch Tamara while they worked. The address is 128 Menio St, Your City, State, and ZIP Code. Their EIN is 12-4XXXXXX.

Refund Monitor – Refund (Balance Due): $2,436 (2009)
$_____ (2010)

Line 49—Education Credits

Kara and Karl paid $2,750 for Kendra's tuition. Kendra spent $500.00 on textbooks and supplies and $850.00 for a new computer which was not a course requirement.

☐ CORRECTED

FILER'S name, street address, city, state, ZIP code, and telephone number Northern Kentucky University Nunn Drive Founders Hall 500 Highland Heights, KY 41076	1 Payments received for qualified tuition and related expenses $ 2 Amounts billed for qualified tuition and related expenses $ 7,750.00	OMB No. 1545-1574 2010 Form 1098-T	**Tuition Statement**
FILER'S federal identification no. 61-0XXXXXX	STUDENT'S social security number 213-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2010 ☐	**Copy B** **For Student**
STUDENT'S name Kendra Kent	4 Adjustments made for a prior year $	5 Scholarships or grants $ 5,000.00	This is important tax information and is being furnished to the Internal Revenue Service.
Street address (including apt. no.) 1068 Rivermeade Dr. City, state, and ZIP code Your City, State, and ZIP Code	6 Adjustments to scholarships or grants for a prior year $	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2011 ► ☐	
Service Provider/Acct. No. (see instr.) | 8 Checked if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund $	

Form **1098-T** (keep for your records) Department of the Treasury - Internal Revenue Service

Kara had to take several special training courses at the local college that were required by her employer. The class tuition and fees totaled $317.85.

Refund Monitor-Refund (Balance Due): $4,813 (2009)
$_____ (2010)

Line 52—Energy Credits, Form 5695 (Line 53 if using 2009 software)

The Kents insulated the crawl space of their home for $175.00 and replaced all their windows with new windows meeting the IECC criteria (energy efficiency) at a cost of $7,450.00 excluding onsite preparation, assembly, or original installation of components.

Refund Monitor-Refund (Balance Due): $6,313 (2009)
$_____ (2010)

Line 62—Estimated Tax Payments

During the year, Karl and Kara made the following estimated tax payments.

DATE PAID	AMOUNT PAID
04/14	$100.00
09/18	$100.00

They also applied $200 from last year's tax refund toward this year's taxes.

Refund Monitor-Refund (Balance Due): $6,713 (2009)
$_____ (2010)

Line 63—Making Work Pay Credit

If using 2009 software, select “Yes” on line 10 of Schedule M and enter $250. Select “No” on line 11.

Refund Monitor-Refund (Balance Due): $6,463 (2009)
$_____ (2010)

Line 73—Overpayment (Line 72 for 2009)

Refund Monitor-Refund (Balance Due): $6,463 (2009)
$_____ (2010)

Line 74a—Amount You Want Refunded to You (Line 73a for 2009)

Karl and Kara want any refund or debit deposited to or withdrawn from their checking account. (See the interview notes for their bank routing and account numbers.)

Refund Monitor-Refund (Balance Due): $3,231 (2009)
$_____ (2010)

Line 75—Applied to Next Year’s Estimated Taxes (Line 74 for 2009)

If Karl and Kara have a refund coming, they want half of the refund applied to next year’s taxes.

Refund Monitor-Refund (Balance Due): $3,232 (2009)
$____ (2010)

If using TaxWise®, review the Forms Tree and address any red exclamation marks by completing the unanswered questions. Do the Diagnostics to ensure there are no e-filing problems.

Signature Line

Karl and Kara want to sign their return using the Practitioner’s Pin.

Advanced Supplemental Exercise 1

Open Exercise 3 (Cunningham) and add the following:

1. All year Charlotte has been typing medical transcripts, at night, in her home, to make extra money. She provided you with Form 1099-MISC from the Parsons Medical Centers for the money she received from them. She also received $1,576.50 from other doctors for this service. Last year she paid $49.00 for paper, $67.87 for printer cartridges, and $187.00 for repairs to her computer. She also paid $52 a month for high-speed Internet access that is needed to download and send transcription data. The computer and Internet access is used 100% for her medical transcript business. The business code for Schedule C-EZ is 622000.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Parsons Medical Centers, Inc. 826 Parks Ave. Hebron, KY 41048	1 Rents $ 2 Royalties $ 3 Other income $	OMB No. 1545-0115 2010 Form 1099-MISC 4 Federal income tax withheld $	Miscellaneous Income Copy B For Recipient	
PAYER'S federal identification number 04-5XXXXXX	RECIPIENT'S identification number 041-XX-XXXX	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name Charlotte Cunningham		7 Nonemployee compensation $5,637.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 3300 Bowie Drive		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
City, state, and ZIP code Your City, State, and ZIP Code		11	12	
Account number (see instructions)		13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** (keep for your records) Department of the Treasury - Internal Revenue Service

2. Continue Exercise 3 (Cunningham). Charlotte rolled over her IRA account from First Oakdale IRA to Merrill Lynch IRA. Enter Form 1099-R.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code First Oakdale IRA P.O. Box 252231 Dayton, OH 45402		1 Gross distribution $ 11,754.82 2a Taxable amount $	OMB No. 1545-0119 2010 Form **1099-R**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
		2b Taxable amount not determined [x]	Total distribution ☐	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
PAYER'S federal identification number 04-6XXXXXX	RECIPIENT'S identification number 041-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Charlotte Cunningham		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 3300 Bowie Drive		7 Distribution code(s) G — IRA/SEP/SIMPLE [x]	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, State, and ZIP Code		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

Advanced Supplemental Exercise 2

1. Open Exercise 5 (Washington) and add the following: Enter Form 1099-R

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	Newcomb Financial Services 200 Lincoln Street 5th Floor Cincinnati, OH 45202
1 Gross distribution	$ 10,000.00
2a Taxable amount	$ 10,000.00
OMB No. 1545-0119	2010, Form 1099-R
	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined ☐	Total distribution ☐
PAYER'S federal identification number	12-5XXXXXX
RECIPIENT'S identification number	121-XX-XXXX
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 1,000.00
RECIPIENT'S name	Maurice Alphonzo Washington
5 Employee contributions /Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
Street address (including apt. no.)	516 Windgate Road
7 Distribution code(s)	1
IRA/ SEP/ SIMPLE	☒
8 Other	$ %
City, state, and ZIP code	Your City, State, and ZIP Code
9a Your percentage of total distribution	%
9b Total employee contributions	$ 5,864.00
1st year of desig. Roth contrib.	
10 State tax withheld	$ $
11 State/Payer's state no.	YS/12-6XXXXXX
12 State distribution	$ 10,000.00 $
Account number (see instructions)	
13 Local tax withheld	$ $
14 Name of locality	
15 Local distribution	$ $

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form 1099-R Department of the Treasury - Internal Revenue Service

2. Maurice Washington received a Schedule K-1 from the Washington Family Trust.

661108

☑ Final K-1 ☐ Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041) **2010**

Department of the Treasury
Internal Revenue Service

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

12-7xxxxxx

B Estate's or trust's name

Washington Family Trust
100 Skyline Drive
Cincinnati, OH 45202

C Fiduciary's name, address, city, state, and ZIP code

William Washington
100 Skyline Drive
Cincinnati, OH 45202

D ☑ Check if Form 1041-T was filed and enter the date it was filed 03 / 15 / 2010

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

121-xx-xxxx

G Beneficiary's name, address, city, state, and ZIP code

Maurice Alphonzo Washington
516 Windgate Road
Your City, State and ZIP Code

H ☑ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income $100.00	11	Final year deductions
2a	Ordinary dividends $600.00		
2b	Qualified dividends $500.00		
3	Net short-term capital gain		
4a	Net long-term capital gain $50.00		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14	Other information
10	Estate tax deduction		

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Cat. No. 11380D **Schedule K-1 (Form 1041)**

Advanced Supplemental Exercise 3

Open Exercise 4 (Clark) and continue with the following:

1. Teena has been doing some sewing for Parsons Medical Centers. She makes sheets for special beds in the clinic. She also received $1,250 for sewing sheets for other smaller clinics. She paid $275 for repairs on her sewing machine, $859 for material, and $135 for sewing supplies. She drove 80 miles per month picking up supplies and delivering sheets. She only has one car. She began using it in her business last year on January 1. Her written records show that the total other mileage was 10,000 miles. The business code for Form C-EZ is 812330.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Parsons Medical Centers, Inc. 826 Parks Ave. Hebron, KY 41048		1 Rents $ 2 Royalties $ 3 Other income $	OMB No. 1545-0115 2010 Form 1099-MISC 4 Federal income tax withheld $	Miscellaneous Income Copy B For Recipient
PAYER'S federal identification number 04-5XXXXXX	RECIPIENT'S identification number 052-XX-XXXX	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name Teena Stephens		7 Nonemployee compensation $5,637.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 876 Kenyon Ave.		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
City, state, and ZIP code Your City, State, and ZIP Code		11	12	
Account number (see instructions)		13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** (keep for your records) Department of the Treasury - Internal Revenue Service

2. Windsor reported that he made the following stock sales during the tax year:
   - 100 shares of Brescoa. He received this stock on April 12, 2009 as part of an inheritance. The stock was originally purchased for $350 but the fair market value (FMV) of the stock when inherited was $1,650 and was $1,120 (net proceeds) when he sold it on November 17.
   - 150 shares of Fisk. He sold the stock on June 1 for $10,675 gross proceeds. He bought the stock for $6,675 on July 7, 1996. He had to pay a $25 brokerage fee to sell the stock.
   - 65 shares of Greenville Corp. He sold this stock for $5,663 on December 12. He bought the stock through a stock purchase plan between May 4, 1999, and June 1, 2003. The total cost basis was $7,218.

3. Teena rolled over her IRA from First Oakdale IRA to Merrill Lynch IRA. Enter the following 1099-R:

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code First Oakdale IRA P.O. Box 25237 Dayton, OH 45402		1 Gross distribution $ 11,754.00 2a Taxable amount $	OMB No. 1545-0119 2010 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2b Taxable amount not determined ☒	Total distribution ☐	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
PAYER'S federal identification number 04-6XXXXXX	RECIPIENT'S identification number 052-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Teena Stephens		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 876 Kenyon Ave.		7 Distribution code(s) G IRA/ SEP/ SIMPLE ☒	8 Other $ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, State, and ZIP Code		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form 1099-R Department of the Treasury - Internal Revenue Service

4. Enter Form 1099-R. Teena took a distribution to help her brother who has been without a job for several months.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Newcomb Financial Services 200 Lincoln Street Cincinnati, OH 45202	**1** Gross distribution $ 10,000.00 **2a** Taxable amount $ 10,000.00	OMB No. 1545-0119 **2010** Form **1099-R**		**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☐	Total distribution ☐		**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
PAYER'S federal identification number: 12-5XXXXXX / RECIPIENT'S identification number: 052-XX-XXXX	**3** Capital gain (included in box 2a) $	**4** Federal income tax withheld $ 1,000.00		
RECIPIENT'S name Teena Stephens	**5** Employee contributions /Designated Roth contributions or insurance premiums $	**6** Net unrealized appreciation in employer's securities $		
Street address (including apt. no.) 876 Kenyon Ave.	**7** Distribution code(s): 1 — IRA/SEP/SIMPLE ☒	**8** Other $	%	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, State, and ZIP Code	**9a** Your percentage of total distribution %	**9b** Total employee contributions $		
1st year of desig. Roth contrib.	**10** State tax withheld $ $	**11** State/Payer's state no. YS/12-5XXXXXX		**12** State distribution $ $
Account number (see instructions)	**13** Local tax withheld $ $	**14** Name of locality		**15** Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

5. Enter the following information:
   a. Windsor put $2,000 into his regular IRA account this year. Teena put the same amount into her Roth IRA account.
   b. Last year Teena paid $317 interest on the student loan she took to help pay for her teacher's degree.
   c. Windsor paid alimony to his first wife, Elizabeth Clark (055-XX-XXXX), at $350 a month for the entire year.

6. Windsor paid the Salem Day Care Center (EIN 05-8XXXXXX), located at 87 North Casper Drive, Your City, State, and ZIP Code, for Tori's care while he and Teena worked. He paid the day care center $1,793.